



Office of the Building Official
P.O. Box 427
Herndon, VA 20172-0427
(703) 435-6850 Phone
(703) 318-8492 Fax

Commercial Addition or Alteration Building Permit Application

Site Location:

Address: _____

Tenant Name _____

Owner Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Architect/Engineer:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

License #: _____ Exp. _____

Contractor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

State License#: _____ Exp: _____

Phone Number: _____

PERMIT NUMBER: _____

Project Information:

Est. Construction Cost: \$ _____

Suite/Floor #: _____

Number of Units Being Altered: _____

Phase Number (if applicable): _____

Total Square Footage: _____

USBC Code Year: _____

Description/Use: _____

Type of Const. _____

Submitter Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

I hereby certify that I have the authority to make this application, that the information given is correct, and that use and construction shall conform to County Health Regulations, Building and Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property. Furthermore, I certify that all materials used for work performed under this permit will be paid directly to the supplier by the property owner, and that all compensation will be on an hourly basis and paid by the property owner directly to the person(s) performing work under this permit.

Signature Contact, Owner or Authorized Agent

Date

Phone Number

Print Name

RETURN THIS COMPLETED APPLICATION TO THE OFFICE OF THE BUILDING OFFICIAL FOR ISSUANCE OF A BUILDING PERMIT

Fire Marshal Signature: _____ **Date:** _____

Health Dept. Signature: _____ **Date:** _____